

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

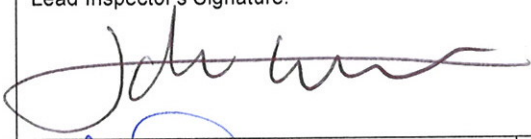

# **COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST**

Chapter 6

Command Grant Management

Command: Antelope Valley	Division: Southern	Number: 6
Evaluated by: Sergeant J. Williams, #15138		Date: 11/09/09
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-up Inspection	Commander's Signature: 
For applicable policy, refer to: GO 40.6		Date: 11/11/09	
<b>Note:</b> If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. If the commander became aware that another agency or organization is proposing or has submitted a grant application to a funding agency other than the Office of Traffic Safety (OTS) that appears to focus on traffic safety goals clearly within the jurisdiction of the Department, did the commander notify the appropriate assistant commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: This command has not experienced this situation.
2. Has OTS grant funding, through the Highway Safety Plan, been sought for traffic safety-related activities for the purpose of conducting inventories, need and engineering studies, system development or program implementations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Southern Division handles this.
3. Has the command sought grant funding to assist with the expenses associated with the priority programs identified by the National Highway Traffic Safety Administration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: Area has been working jointly with Southern Division to insure this is being completed.
4. Has the commander ensured grant funds are not being reallocated to fund other programs or used for non-reimbursable overtime expenditures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: Area Commander reviews and approves the overtime reports on a monthly basis. During this review, he insures grant funds are not misused.
5. Was GMU contacted to determine the current personnel billing rates used for grant projects when preparing concept paper budgets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Southern Division handles this.

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6. Is supporting documentation of consent and acceptance (of the work, goods, or services provided by the state on behalf of a local government agency as required by 23 Code of Federal Regulations Part 1250) being submitted to OTS for all grant projects coded as "for local benefit"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area has no equipment from OTS grants "for local benefit."
7. Were all copies of the grant project agreements, revisions, and claim invoices signed by the Project Director, or designated alternate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See Above
8. Were all inquiries or correspondence concerning the availability of grant funds or other contacts with grant funding agencies coordinated/processed through GMU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area does not get these inquiries.
9. Are all expenditures of grant funds approved by GMU prior to entering into any obligations, with the exception of personnel costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Southern Division handles this.
10. Are quarterly progress reports forwarded through channels to GMU in accordance with the instructions contained in the associated project MOU?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Quarterly reports are forwarded to GMU through channels.
11. Are all requirements of the grant agreement and MOU being met?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Is a final project report being prepared in accordance with the funding agency and departmental requirements upon the termination of the grant project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does every invoice associated with a grant funded project contain the project number and name?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are all purchases of grant-funded equipment acquired under an OTS grant exceeding a unit cost of \$5,000 being documented on an Equipment Report, Form OTS-25?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area has no equipment from OTS grants "for local benefit."
15. Has grant funded equipment been inspected to ensure it is being utilized in accordance with the respective grant agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area has no equipment from OTS grants "for local benefit."
16. Are applications for federal funds in accordance with Government Code Section 13326 including obtaining approval from the Department of Finance and/or the Governor's office prior to submission to the appropriate federal authority? This would include any of the following: <ul style="list-style-type: none"> <li>• Applications for federal funds which are not included in the budget approved by the Governor.</li> <li>• Applications for federal funds which exceed the amount specified in the budget.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area does not handle this.

STATE OF CALIFORNIA  
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### Chapter 6

### Command Grant Management

17. Is a federal Standard Form 424, Application for Federal Assistance, filed with the State Clearinghouse for all approved unbudgeted grant requests received by the Department of Finance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area does not handle this.
18. Has any request for unanticipated federal funds met the criteria for legislative notification set forth in Control Section 28.00 of the annual Budget Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area does not handle this.
19. Are grant funds being used for their intended purpose?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Are grant applications related to the Motor Carrier Safety Assistance Program (MCSAP) being routed through the Commercial Vehicle Section before they are submitted to the funding agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area does not handle this.
21. Are grant applications related to the Homeland Security Grant Program being routed through the Emergency Operations Section before they are submitted to the funding agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area does not handle this.
<b>Questions 23 through 26 pertain to the Grants Management Unit</b>				
22. Has GMU prepared an annual Management Memorandum to be disseminated to all commanders soliciting participation in the Department's Highway Safety Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Did GMU send the concept paper as an attachment to a memorandum through the Planning and Analysis Division to Assistant Commissioner, Field, and Assistant Commissioner, Staff, and their Executive Assistants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Did GMU route copies of the Draft Grant Agreement using the CHP Form 60, Staff Summary Statement, to all commands with responsibility for or that have an interest in the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Was a Memorandum of Understanding between involved commands outlining the responsibilities of each command prepared and distributed by GMU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Command: Antelope Valley	Division: Southern	Chapter: 6
Inspected by: Sergeant Williams, #15138		Date: 11/09/09

Page 1 of 2

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  2 Hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Southern Division  Due Date: 01/10/10		
Chapter Inspection: Chapter 6, Command Grant Management			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:
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None.

Inspector's Findings:
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The Antelope Valley Area's Grant Overtime is managed by one Special Duty officer. His duties include overtime and grant management, training coordination and facilities. He has a comprehensive system in place to ensure overtime is equitably disseminated and properly tracked. All overtime daily records (CHP A415's) reviewed contain the correct special codes assigned to each particular grant and the specific grant name. All A415s are reviewed to ensure the proper special and duty codes are being used and are electronically signed by a supervisor, prior to being submitted for billing. The Area Commander reviews and approves the monthly overtime reports for accuracy and proper grant usage, prior to their being submitted to Southern Division.

The Antelope Valley Area has not sought out grant funding independently. The Area works closely with Southern Division and provides input towards concept papers and grant proposals.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
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None required.



**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: Antelope Valley	Division: Southern	Chapter: 6
Inspected by: Sergeant Williams, #15138		Date: 11/09/09

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

None.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 11/11/09
	INSPECTOR'S SIGNATURE 	DATE 11/11/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 1-28-10

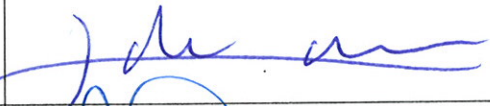

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

# **COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST**

Chapter 6  
Command Overtime

Command: Antelope Valley	Division: Southern	Number: 6
Evaluated by: Sergeant J. Williams, #15138		Date: 11/09/09
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection			Lead Inspector's Signature: 		
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Commander's Signature: 		Date: 11/11/09
For applicable policies, refer to HPM 11.1, Chapter 6, HPM 40.71, Chapters 2, 8, and 10, HPM 10.5, Chapter 2, and HPM 10.3, Chapters 24 and 28.					
<b>Note:</b> If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.					
1. Is the hiring company/agency for reimbursable overtime being held responsible for paying a minimum of four hours of overtime per CHP uniformed employee, regardless of length of service/detail?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The company or agency is provided a "Detail Flyer" that outlines this specific issue. Additionally, the OT coordinator and Area Sergeants ensure this is being followed prior to approving the A415s.	
2. Is a minimum of four hours overtime being allocated to each CHP uniformed employee(s) if cancellation notification is made 24 hours or less prior to the scheduled detail and the assigned CHP uniformed employee(s) cannot be notified of such cancellation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: This information is provided in the same manner as described above.	
3. Are reimbursable special project codes being used for all overtime associated with reimbursable special projects?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: A random review of several A415s verified this was occurring.	
4. Is the commander ensuring nonuniformed personnel overtime hours are not reflected on the Report of Overtime Hours for Reimbursable Special Projects?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The commander reviews and approves the report on a monthly basis.	
5. Is the commander ensuring non-reimbursable overtime is not being claimed for an employee, other than Bargaining Unit 7, while on vacation or compensated time off for hours worked during their regular work shift time?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The commander reviews and approves the report on a monthly basis.	
6. Is "RDO" being written in the "Notes" section of the CHP 415, Daly Field Record, for overtime worked on a regular day off?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Currently RDO is documented in the notes section on all A415s that are submitted for court appearances; however, this is not required for reimbursable OT. Reimbursable is entered on supplemental A415s while the RDO is documented on the original.	

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## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 6

#### Command Overtime

7. Is there a CHP 90, Report of Court Appearance - Civil Action, completed for each officer or sergeant when overtime is associated for civil court?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: A random review of several A415s verified this was occurring.
8. Do the CHP 415s with overtime indicate the employee's lunch period or indicate "None" if the employee worked through their lunch break?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: A random review of several A415s verified this was occurring.
9. Did the supervisor sign the CHP 415s approving the overtime?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: A415s can not be submitted without a supervisor's approval.
10. Are claimed overtime meals related to overtime worked within 50 miles of the employee's headquarters?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The CHP262s are routed through both supervision and managers for review to ensure this does not occur.
11. If overtime is incurred by a peer support counselor, is the name of the employee to whom support was provided excluded from the CHP 415 of the counselor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Is the "Notes" section on side two of the CHP 415 used to explain any overtime listed on side one of the CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: A random review of several A415s verified this was occurring.
13. Are employee's Compensated Time Off hours maintained within reasonable balances?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area maintains a weekly suspense. CTO balances over 400 are documented for easy monitoring.
14. Is the commander ensuring employees are not incurring overtime due to working over the allotted number of hours for any given Fair Labor Standards Act (FLSA) period?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is the commander ensuring uniformed employees are not working voluntary overtime which results in them working more than 16.5 hours in a 24 hour period?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Do the CHP 415 total overtime hours agree with the Monthly Attendance Report (MAR)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Are the MARs retained for at least three years and contain the commander's signature?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

**COMMAND INSPECTION PROGRAM  
EXCEPTIONS DOCUMENT**

Command: Antelope Valley	Division: Southern	Chapter: 6
Inspected by: Sergeant Williams, #15138		Date: 11/09/09

Page 1 of 2

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  2 Hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Southern Division  Due Date: 01/10/10		
Chapter Inspection: Chapter 6, Command Overtime			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:
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None.

Inspector's Findings:
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The Antelope Valley Area's overtime is managed by one Special Duty officer. His duties include overtime and grant management, training coordination and facilities. He has a comprehensive system in place to ensure overtime is equitably disseminated and properly tracked. The Area files contain all signed contracts which display prices and signatures of the companies who are reimbursing the Department for services. All overtime daily records (CHP A415's) reviewed contain the contract number and name of contractor and are electronically signed by a supervisor prior to being submitted for billing. The Area Commander ensures he reviews and approves the monthly overtime reports, prior to their being submitted to Southern Division.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
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None required.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)
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**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: Antelope Valley	Division: Southern	Chapter: 6
Inspected by: Sergeant Williams, #15138		Date: 11/09/09

Required Action

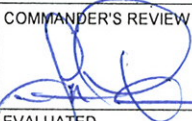
Corrective Action Plan/Timeline

None.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 11/11/09
	INSPECTOR'S SIGNATURE 	DATE 11/11/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 1-28-10

AREA	DIVISION	NUMBER
Antelope Valley	Southern Division	545
EVALUATED BY		DATE
Chief Stanley/Cpt. Flavin/Sgt. Miller		11/14/2009

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	
BY _____		DATE 11/16/09	

### 1. PERSONNEL INSPECTION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
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a. Do employees maintain a high standard of appearance? ☒ Yes    ☐ No

b. Conduct a formal inspection (Annex A).

(1) Are officers familiar with the positions of attention, parade rest, and the execution of inspection arms? ☒ Yes    ☐ No

### 2. WEAPONS INSPECTION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
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a. Are primary weapons inspected annually? ☒ Yes    ☐ No

(1) Are deficiencies corrected within 30 days? ☒ Yes    ☐ No

(2) Are temporary replacement weapons readily available from Division? ☒ Yes    ☐ No

(3) Are all weapons listed on CHP 4, Firearms Report, or CHP 81, Receipt of State Property? ☒ Yes    ☐ No

b. Is there a record maintained on employees authorized to carry secondary weapons? ☒ Yes    ☐ No

(1) Are weapons inspected on initial approval to carry, and annually on CHP 311, Annual Safety and Protection Equipment Inspections? ☒ Yes    ☐ No

c. Are serial numbers physically verified by the commander or his/her designee every year? ☒ Yes    ☐ No

(1) When was the last audit conducted? March 26, 2009

(2) Was the printout returned to the Academy Weapons Control Unit by April 30 of the inventoried year? ☐ Yes    ☒ No

C. (2) - The inventory was completed however not forwarded to the Academy Weapons Control Unit in a timely manner. This was due to a miscommunication between the Training Officer and another officer who assisted with the inventory. The officers were counseled on the importance of open communication and timely submission of reports. No further action is required.

The two formal uniform inspections were conducted on 10/08/2009 and 10/22/2009.

